

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO.
10/089790

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL DEP. | 31 | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | 42 | | | | | |

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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS